

General

Title

Bipolar disorder: the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment.

Source(s)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment.

Rationale

The Role of Psychosocial Interventions

Psychotherapy is a critical component of bipolar disorder treatment in addition to pharmacotherapy.

Evidence-based psychosocial interventions have been found to improve treatment adherence, reduce likelihood of recurrence and extend time to new episodes.

Initially focusing on issues relating to medication adherence, psychosocial strategies are now recommended to include broader strategies to promote mood stability, address comorbid conditions, improve understanding in support of treatment adherence, recognition of relapse and collaborative self-management.

Interventions that support return to role functioning and that address stressors and interpersonal communications are considered beneficial for remission and recovery.

Types of Psychosocial Interventions

Evidence-based: family-focused therapy (FFT), cognitive behavioral therapy (CBT), formal psychoeducation, and interpersonal therapy (IPT) with or without a social rhythm component (IPSRT) have been supported through well developed clinical trials and are incorporated into guideline recommendations.

Brief supportive and group psychotherapy are also suggested, as alternative strategies.

Primary Clinical Component

Bipolar disorder; psychosocial intervention

Denominator Description

Patients diagnosed and treated for bipolar disorder (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients with a recommendation for psychosocial intervention within 12 weeks of initiating treatment (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Behavioral Health Care

Physician Group Practices/Clinics

Professionals Responsible for Health Care

Advanced Practice Nurses

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Lowest Level of Health Care Delivery Addressed

Individual Clinicians

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

Unspecified

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Patients with a diagnosis involving bipolar disorder: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision, Text Revision (DSM-IV-TR): 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80-82; 296.89; or 301.13

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

Patients 18 years of age or older with an initial or new episode of bipolar disorder

AND

Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:

Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms

Diagnosis or impression documented in chart indicating bipolar disorder

Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis

AND

Documentation of treatment for bipolar disorder with relevant pharmacotherapy; a mood stabilizing agent and/or an antipsychotic agent

Exclusions

Documentation that psychosocial interventions are (1) not indicated or (2) patients refuses to consider/discuss, or (3) source of referral for psychosocial practice not available in community.

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Encounter

Therapeutic Intervention

Denominator Time Window

Time window is a single point in time

Numerator Inclusions/Exclusions

Inclusions

Documentation that adjunctive psycho-social intervention(s) were recommended (Refer to the "Data Dictionary Reference" in the original measure documentation for specified psychosocial interventions.). Recommendation may include the following:

Interventions provided at practice site

Referral to psychologist/therapist or psychiatrist outside of practice site for psychosocial services

Referral to a mental health clinic or hospital-based outpatient (OP) program for psychosocial services

Referral to a support/advocacy provided community-based program for psychosocial services

AND

Timeframe:

Documentation of recommendation for adjunctive psychosocial intervention(s) should occur within 12 weeks of initiating treatment for bipolar disorder.

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Fixed time period

Data Source

Administrative data

Medical record

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

The STABLE measures were developed using the RAND Appropriateness Method and have been shown to have content validity and face validity.

Data feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.

Inter-abstractor reliability testing was performed to assess the data collection strategy. The data collection strategy included data collection forms; data dictionary references and abstractor instructions.

A field study was conducted to determine measure conformance in an appropriate convenience sample.

Refer to the references listed below for further information.

Evidence for Reliability/Validity Testing

STABLE performance measures: data feasibility testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

STABLE performance measures: development process & validity ratings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: field study process & conformance findings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: inter-abstractor reliability testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

Identifying Information

Original Title

Bipolar disorder: recommending adjunctive psychosocial interventions.

Measure Collection Name

Standards for Bipolar Excellence (STABLE) Performance Measures

Submitter

Center for Quality Assessment and Improvement in Mental Health - Clinical Specialty Collaboration

Developer

STABLE Project National Coordinating Council - Clinical Specialty Collaboration

Funding Source(s)

AstraZeneca LLP, Wilmington, Delaware, provided financial sponsorship for the STABLE Project. They did not otherwise participate in the development of either the measures or toolkit.

Composition of the Group that Developed the Measure

The STABLE [National Coordinating Council \(NCC\)](#) was comprised of national experts in bipolar disorder, psychiatry, primary care, and performance improvement. The NCC guided and directed the STABLE Project. NCC members agreed to serve with the understanding that the STABLE Performance Measures and Resource Toolkit would be fully transparent and available without cost in the public domain.

[EPI-Q, Inc.](#) , is a consulting company providing practice-based outcomes research, pharmacoeconomic studies, and quality improvement services. EPI-Q managed the STABLE Project.

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

Measure was not adapted from another source.

Release Date

2007 Jan

Measure Status

This is the current release of the measure.

The STABLE Project National Coordinating Council reaffirmed the currency of this measure in November 2010.

Source(s)

STABLE (STANDards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

Measure Availability

The individual measure, "Bipolar Disorder: Recommending Adjunctive Psychosocial Interventions," is published in "STABLE (STANDards for BipoLar Excellence) Performance Measures." This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#) .

Companion Documents

The following is available:

STABLE National Coordinating Council Resource Toolkit Workgroup. STABLE resource toolkit. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007 Mar. 67 p. This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on January 10, 2008. The information was verified by the measure developer on April 14, 2008. The information was reaffirmed by the measure developer on November 1, 2010.

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